



TRAINING PROGRAM /  
INSTRUCTOR  
COMPLAINT FORM

109 Governor Street  
Madison Bldg., Suite UB-55  
Richmond, Virginia 23219  
1-800-523-6019 (VA only)  
804-864-7600  
FAX: 804-864-7540

COURSE# \_\_\_\_\_

PERSON REGISTERING COMPLAINT

NAME: \_\_\_\_\_  
FIRST MIDDLE LAST

ADDRESS: \_\_\_\_\_ PHONE/PAGER: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
(H) ( ) \_\_\_\_\_  
(B) ( ) \_\_\_\_\_  
Digital Pager ( ) \_\_\_\_\_

\_\_\_\_\_  
CITY/COUNTY STATE ZIP

COMPLAINT REGISTERED AGAINST

PROGRAM INVOLVED: \_\_\_\_\_ BASIC / REFRESHER / CE

COURSE LOCATION: \_\_\_\_\_

COURSE COORDINATOR: \_\_\_\_\_

MEDICAL DIRECTOR: \_\_\_\_\_

ASSISTING INSTRUCTOR(S): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Complete the back of this form with details of your complaint.**

DEPARTMENTAL USE ONLY

Agency Referral:	Violation: (Cite Statute or Reg.)			
Inv.: Y N				
Handled by: TRN DEC ADM				
REP:	PRIORITY:	REC'D:	REV'D:	ASGN'D:

## DETAILS OF COMPLAINT

**STATE YOUR COMPLAINT:** Include the sequence of events surrounding your complaint, the names, addresses, and telephone numbers (if available) of witnesses, and copies of documents pertinent to your complaint including: contracts, reports or photographs.

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

If additional space is needed, please attach additional sheets.

I have read the above and it is true to the best of my knowledge.

**Signature of person filing complaint**

Date \_\_\_\_\_

Please return to:

If you have any questions, please feel free to call:

Virginia Office of E.M.S.  
109 Governor Street  
Madison Bldg., Suite UB-55  
Richmond, Virginia 23219  
1-800-523-6019 (VA only)  
804-864-7600